

California State University, San Bernardino

CSUSB ScholarWorks

Theses Digitization Project

John M. Pfau Library

2005

Risk factors associated with recurrent child maltreatment

Mary Beth Hickey

Karen Eva Smithson

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>



Part of the [Domestic and Intimate Partner Violence Commons](#), and the [Social Work Commons](#)

Recommended Citation

Hickey, Mary Beth and Smithson, Karen Eva, "Risk factors associated with recurrent child maltreatment" (2005). *Theses Digitization Project*. 2900.

<https://scholarworks.lib.csusb.edu/etd-project/2900>

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

RISK FACTORS ASSOCIATED WITH RECURRENT
CHILD MALTREATMENT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Mary Beth Hickey
Karen Eva Smithson

June 2005


RISK FACTORS ASSOCIATED WITH RECURRENT
CHILD MALTREATMENT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Mary Beth Hickey
Karen Eva Smithson


June 2005

Approved by:



Dr. Teresa Morris, Faculty Supervisor,
Social Work

5-23-05
Date



Cathy Cimballo, L.C.S.W., San Bernardino
County Department of Children's Services



Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

ABSTRACT

Previous research suggests that there are various characteristics of individual families that put them at risk for recurrent child maltreatment. This research looked at poverty, substance abuse, mental illness, the number of children in the home, the age of the mother, and domestic violence as factors that are associated with recurrent child maltreatment. The researchers surveyed 200 case records from San Bernardino County's Child Protective Services database. This research identified poverty as a significant risk factor for recurrent child maltreatment. However, the other factors studied did not have a significant effect on recurrent child maltreatment.

ACKNOWLEDGMENTS

The completion of this project would not have been possible without Dr. Teresa Morris. She lent valuable input and guidance, which the authors have immeasurable gratitude for. The authors would like to thank Dr. Rosemary McCaslin for sharing her knowledge and passion for research. She maintains patience, which is conducive in the learning environment. In addition, the authors would like to recognize San Bernardino County, Department of Children's Services for their willingness to provide the necessary data for this research project.

DEDICATION

I dedicate this research project to my personal inspiration, Donna Mognett, Ph.D., M.F.T.. She provided myself with immense guidance and support, along with the motivation I needed to believe in myself. I am forever grateful for her friendship. In addition, I would like to thank all of my family and friends who continually supported me throughout my education ...Karen Eva Smithson

I dedicate this research project to my family. Without them I would not have been able to complete this Masters program. Their understanding and support means everything to me ...Mary Beth Hickey

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	iv
LIST OF TABLES	vii
CHAPTER ONE: INTRODUCTION	1
Problem Statement	2
Safety and Security of Children	2
Child Protective Services	3
Cultural Sensitivity	4
Perception of Poverty	5
Purpose of the Study	7
Significance of the Project to Social Work	8
CHAPTER TWO: LITERATURE REVIEW	
Introduction	11
Theory Guiding Conceptualization	11
Associated Risk Factors of Child Maltreatment	13
Substance Abuse	14
Mental Illness	16
The Number of Children in the Home and the Age of the Mother at the Time of the First Child's Birth	18
Poverty	19
Domestic Violence	22
Rates of Recurrence	24
Summary	25

CHAPTER THREE: METHODS

Introduction	27
Study Design	28
Sampling	29
Data Collection and Instruments	30
Procedures	32
Protection of Human Subjects	33
Data Analysis	33
Univariate	33
Bivariate	34
Summary	34

CHAPTER FOUR: RESULTS

Introduction	36
Presentation of the Findings	36
Summary	42

CHAPTER FIVE: DISCUSSION

Introduction	43
Discussion	43
Recommendations for Social Work Policy, Practice and Research	44
Limitations	47
Conclusions	48

APPENDIX: SAMPLE SIZE	49
-----------------------------	----

REFERENCES	53
------------------	----

ASSIGNED RESPONSIBILITIES PAGE	57
--------------------------------------	----

LIST OF TABLES

Table 1. Chi-Square Testing Relationships Between Recurrence of Child Maltreatment and Poverty, Substance Abuse, Mental Illness, and Domestic Violence	38
Table 2. t-Test of Relationships Between Recurrence of Child Maltreatment and the Number of Children in the Home and the Age of the Mother at the Time of the First Child's Birth	41

CHAPTER ONE

INTRODUCTION

Many children experience multiple incidents of maltreatment during their childhood. During a twelve-month period 91,958 children, in the State of California, encountered at least two incidents of child maltreatment (Needell, Webster, Caccaro-Alamin, Armijo, Lee, & Lery et al., 2004a). This study aimed to identify factors that contribute to the recurrence of child maltreatment. The Child Welfare and Institution Codes defines child maltreatment as "a child that has suffered, or is at substantial risk of suffering, serious harm which is inflicted by non-accidental means unto the child by the child's parent or guardian." A child is defined here as an individual that is under the age of 18 years old (Edwards, 2002, p. 31). The following discussion addresses the safety and security of children, child protective services, cultural sensitivity, and perception of poverty. The literature suggests that these factors have a significant impact on the recurrence of child maltreatment. Understanding of this provides relevant background to child maltreatment (Kopels, Taliah, & Wells, 2003; Young, 1999).

Problem Statement

Safety and Security of Children

Government policy and societal norms dictate that every child has the right to live in a safe and secure atmosphere. Providing safety and ensuring the well-being of children is ultimately the responsibility of the child's parent(s). Safety and security for children includes, but is not limited to, four main components.

The first component is adequate food and shelter. Adequate food and shelter is an essential basic necessity of children. An example of adequate food and shelter is providing children with a diet and housing that allows him or her to thrive. The ability for children to thrive is essential to their development. If a child does not thrive the repercussions will include serious problems such as mental, physical, and/or medical conditions.

The second component is freedom from mental anguish. Mental anguish is described as terrorizing a child. Constant and consistent acts of frightening, intimidating, and/or threatening can cause insecurity, emotional dysfunction, and behavioral problems to develop in children.

The third component is hazardous living conditions. Hazardous living conditions are defined as a family

residence that has dangerous elements, which place children that live in the home at risk for harm. The presences of exposed electrical wires, rotten and molded food, stagnant water, animal fecies, and chemical odors are examples of conditions in a home that are hazardous. Hazardous living conditions can cause serious injury and possibly death to children.

The last component is placing children in clear and present danger. Clear and present danger is putting a child in jeopardy and risking injury. Access to a loaded gun, a sharp apparatus and/or legal and illegal substances are illustrations of placing children in clear and present danger. Once again, placing children in clear and present danger runs the risk of causing injury and even death to children. All of these components are circumstances, which put children in a vulnerable position and threaten their safety and security.

Child Protective Services

Child maltreatment reporting laws were developed during the 1960s, and in 1974 the Child Abuse Prevention and Treatment Act came into effect. This act enabled the government to take a central role in ensuring the safety of children, who are unable to protect themselves (Hollenbeck, 2001). The agency that receives allegations

of child maltreatment is child protective services. Referrals of child maltreatment allegations are generated when there is significant reason to believe that a child(ren) is in danger. Once an allegation of child maltreatment is received, a referral is generated which results in an investigation. Within child protection service agencies, social workers investigate allegations of child maltreatment.

Clients often perceive child protective service social workers as an invasive authority over families. This is because families come to the attention of child protective services from an undisclosed reporter. The clients do not know who reported them to child protective services. Throughout the investigation of the report, the family is expected to report personal information. Family members must give details, divulge information, defend their family's personal history and describe episodes of daily activities. Also, when maltreatment allegations are substantiated the family is mandated to make significant changes in their daily life. If the family is unable or unwilling to comply, child maltreatment may be repeated.

Cultural Sensitivity

Among various cultures, environments, generations, and circumstances, parenting styles, including

disciplinary actions, differ. For example, some parents choose to use corporal punishment as a form of discipline. Corporal punishment consists of striking a child, which includes spanking or hitting with an object. The law permits a parent to use corporal punishment, however the punishment cannot result in a visible mark, bruise, or abrasion on the child's body.

The differences among parenting styles have to be taken into consideration when investigating a referral of child maltreatment. Sometimes repeated child maltreatment is a function of various cultural influences. However, regardless of cultural beliefs the child should not be in eminent danger. Child protective service social workers must be competently educated to understand cultural differences and that each allegation of child maltreatment will have unique characteristics (O'Hagan, 1999).

Perception of Poverty

The generalization that all welfare recipients maltreat their children is often inaccurate. Other factors must be considered when looking at contributors to child maltreatment (Waldfogel, 2004). It has been noted that children from poverty-ridden families have been over represented in child welfare cases (Romero, Chavkin, & Wise, 2000).

Poor families are often reliant on the welfare system, in order to survive. Welfare recipients, who are under the moderately new and time limited, federal support system are often labeled and stigmatized as people who commit abusive behaviors and actions. The reform of the federal welfare system allowed states to impose parental behavior rules on families (Romero, Chavkin, & Wise, 2000). The behaviors of parents are being limited and monitored, with new expectations. Parents are expected to provide for their family, but under the careful scrutiny of the government.

In conclusion, the problem addressed in this study was environmental factors that correlate with recurrent child maltreatment. When looking at recurrent child maltreatment there are numerous factors that need to be taken into consideration. The safety and security of children guides social workers in assessing child maltreatment. In addition, child protective social workers must have sufficient knowledge related to the cultural identity of families. They also need to maintain an unbiased attitude toward those families living in poverty.

Purpose of the Study

The purpose of this study was to identify factors that contribute to the recurrence of child maltreatment within a variety of families. The question that this study addressed was, "What environmental factors correlate with recurrent child maltreatment?" There are several dynamics that lead to multiple substantiated incidents of child maltreatment. Although, a common institutional bias is that poverty leads to child maltreatment.

With that in mind, families who have child protective services involvement were studied regarding incidences of child maltreatment, recurring and non-recurring. The study distinguished between families who were living in poverty and those that were not. Data on both groups of families was also further collected on the following environmental factors: substance abuse, mental illness, the number of children in the home, the age of the mother at the time of the first child's birth, and domestic violence. These data were presented in previously written literature, as common components in cases of recurrent child maltreatment.

In the child welfare system, it is important to have an awareness and knowledge of why and how often recurrent child maltreatment happens. The statistical data shows the rate of recurrence, however it does not explain why the

maltreatment of children occurs. Knowledge of the factors associated with recurrent child maltreatment will allow child protective service social workers to more adequately carry out assessments and employ appropriate interventions.

Significance of the Project to Social Work

The significance of this project for social work is that it has provided social service agencies with information regarding factors that have been noted as contributors to recurrent child maltreatment. Specifically this study is relevant to child welfare practice where child protective service social workers ensure the safety and well-being of children. It is important to understand and gain knowledge regarding the clientele of child welfare agencies, so that appropriate services can be provided and advocated for.

At the macro level, this research exposed a need for social service agencies to provide their clients with, not only the services that are already available, but also additional types of services. Such services include monetary and educational advancement, in addition to current interventions such as parenting and anger management education.

This study will contribute to the micro level of social work practice in various ways. For example, a social worker that has more resources for services that address environmental factors such as substance abuse, mental illness, the number of children in the home, the age of the mother at the time of the first child's birth, domestic violence, and living in poverty which impact families will be better equipped to deliver sufficient social work interventions. This information will also allow child protective service agencies to have a greater understanding of the degree of need it's clientele maintains, which will enable the social worker to provide appropriate referrals to clients.

The phase of the generalist intervention process that was addressed by this study was the assessment phase, because it provided San Bernardino County with current information regarding recurrent child maltreatment. The collection of this data can be used by the County to assess current programs and interventions that are offered to clients. This assessment may cause the County to offer extended services to clients. Additional services may better serve the client's needs. Such services can include monetary advancement through job training or education.

Thus, creating the possibility of upward mobility to families that receive services from child welfare.

CHAPTER TWO

LITERATURE REVIEW

Introduction

There are many factors that affect recurrent child maltreatment. These factors include substance abuse, mental illness, the number of children in the home, the age of the mother at the time of the first child's birth, domestic violence, and living in poverty. The welfare system has recently undergone transformation and modification, which put many of the families that were already in poverty into a higher level of poverty (Romero, Chavkin, & Wise, 2000). This chapter consists of a discussion of the relevant literature on recurrent child maltreatment including related theory, the associated risk factors, and the actual rates of child maltreatment.

Theory Guiding Conceptualization

The ecological systems theory guided the understanding of child maltreatment (Orr, 1999). The role that the environment plays has a significant influence on an individual's functioning (Chestang, 1976). The ecological systems theory emphasizes the mutual interaction between individuals and their environments. In addition, it takes into account the individual's

adaptation to his or her environment (Martin & O'Connor, 1989). The ecological systems theory takes the entire environment into account when looking at small aspects of the whole picture. The environment includes where a person lives, the dynamics of the family, occupational conditions, family resources, and culture. This theory concludes that there is not just one remedy to child maltreatment (Kopels, Taliah, & Wells, 2003).

Each family is unique with it's own ecological factors and special needs. The ecological systems theory is consistent with the mandate that child protective services must be flexible and use discretion when dealing with the many issues that are associated with child maltreatment (Kopels, Taliah, & Wells, 2003).

The survival stress construct states that individuals with an elevated level of stress have a lower level of tolerance for pressure and tribulations in their lives. The framework of the survival stress construct is supported by the ecological systems theory. This is true because the construct's main idea is that families that experience elevated levels of stress are at a greater risk for maltreatment of a child. Stress is an aspect of an individual's life that is caused by environmental matters. Stress can cause individuals to adapt to circumstances in

a negative manner such as reacting, instead of thinking before doing. Thus, their tolerance levels are lowered (DePanfilis & Zuravin, 1999).

Overall, one's environment, and the dynamics of the environment, influence parenting styles and management of children. For example, stressors in the environment can cause a person to react or behave in a manner that may be deemed unacceptable. There are various factors that play a role in the personal lives of families. Such factors include living in poverty, substance abuse, mental illness, parental stress, the age of the mother at time of the first child's birth, and living situations. All of these factors, and the way in which families adapt to these factors, are derived from the ecological systems theory (Payne, 1991). The ecological systems theory and the survival stress construct lends support to the idea that recurrent child maltreatment is multifaceted and has numerous risk factors.

Associated Risk Factors of Child Maltreatment

Factors that are associated with the risk of child maltreatment include, but are not limited to, substance abuse, mental illness, the number of children in the home, the age of the mother at the time of the first child's

birth, and poverty (Reinjneveld, Van der Wal, Brugman, Hira Sing, & Verloove-Vanhorick, 2004). Domestic violence in the home is also a factor that can contribute to child maltreatment (DePanfilis & Zuravin, 2002).

Substance Abuse

Substance abuse is a widespread behavior. It is defined as the act of consuming illegal and legal drugs and alcohol. According to the United States Department of Health and Human Services, in 2003 approximately 19.5 million individuals over the age of 12 years old had abused illicit drugs. Of those individuals, marijuana was reported to be abused by 14.6 million, which made marijuana the most commonly abused drug. 2.3 million individuals reported to abuse cocaine, of which 604,000 individuals abused crack-cocaine. An estimate of 1 million individuals abused hallucinogenics and 119,000 abused heroin. 31.2 million individuals abused pain relievers such as vicodin, lorcet, lortab, hydrocodone, oxycontin, and framadol. In addition, alcohol abuse among adults aged 18 years and older was reported in 62.4% of males and 46.0% in females (United States Department of Health and Human Services, n.d.).

When a person is under the influence of a controlled substance their behavior, attitude, judgment, tolerance

and mood is altered (Royce & Scratchley, 1996). Substance abuse often precipitates irrational behavior (Jones, Gross, & Becker, 2002). A person can go from warm and friendly to suddenly volatile and hostile. This change in the person is often the result of inaccurate perception of insults, other's behavior, or intimidation (Pradhan, 1977).

A parent that uses a controlled substance is at risk for maltreating their child(ren) because there is a substantial probability that their intoxication will lead to an incapacity to properly care for their child and meet their basic needs (Sun, 2000). A child of a substance abusing parent(s) often becomes a parentified child. This occurs when the child begins taking on household duties, which should be preformed by an adult. These duties may include cooking, cleaning, laundry, shopping, caring for other siblings, and even their parent(s) (Royce & Scratchley, 1996). The act of being a parentified child is often times a necessity for the survival of themselves and their siblings.

Other results of having a substance abusing parent are that a child may become withdrawn and isolate him or her self. Such children may feel lonely, helpless, and afraid due to the behaviors and actions of their parent(s)

who are under the influence or "coming down" from the intoxication (Royce & Scratchley, 1996). The child often feels as if he or she is an invisible child or must stay out of the way of their parent(s) in order to escape and avoid being abused.

Substance abusing parents often deplete the family's minimal monetary resources to purchase their drugs. Often, the purchase of a controlled substance takes priority over providing the family with life's essentials such as food, clothing, and shelter. Frequently, the practice of purchasing the controlled substance rather than life's necessities is not seen as a problem to the substance abuser.

Mental Illness

Mental illness is defined as a person with psychological deficiencies that affect their daily thinking. Caregiver's personal problem is a belief that supports the suggestion that one's mental status affects one's ability to appropriately parent (DePanfilis & Zuravin, 1999). If a person is feeling overwhelmed or depressed in his or her own personal life, he or she is more likely to give inappropriate guidance as a parent. Children who are born during a mother's depressive illness are highly vulnerable to abuse (Tower, 1996). Parents who

are dealing with their own internal emotional battles often cause their children to become innocent victims of the parent's dilemma. Parents who experience an elevated level of personal problems are at a high risk of repeatedly maltreating their child(ren) (DePanfilis & Zuravin, 1999).

Some parents are psychologically unfit to provide for their child(ren)'s developmental needs, regardless of the available socioeconomic resources (Tower, 1996). Despite all the assistance that may be available to a parent, to help them carry out parental duties, they simply may not have the capacity to adequately care for their child(ren). Mental illness may cause a parent to unintentionally fail to furnish the most obvious necessities (Tower, 1996). Often a mentally ill parent is unable to recognize their inabilities as a parent.

Children's mental intelligence can surpass their parent's cognitive capacity, which may result in frustration for the parent (Brassard, Germain, & Hart, 1987). This frustration puts the child(ren) at risk for maltreatment. In addition, O'Hagan (1993) suggests that some parents with mental illnesses may be more likely to exhibit inappropriate emotional responses to their children's emotional expressions.

In situations where a parent is receiving treatment for his or her mental illness inconsistent and insufficient parenting can occur. The parents may be out of the home due to hospitalizations, which affects their ability to care for their child(ren) (Tower, 1996). The parents may also be disillusioned due to psychotropic medications that may be a part of their treatment plan.

The Number of Children in the Home and the Age of the Mother at the Time of the First Child's Birth

Another factor that puts children at risk for being victims of child maltreatment is family composition. The role that a child is given may enhance family dysfunction. The roles within a family shape how family members think of themselves, how others view that person, and how a person functions and behaves within the family. When a child is seen as the family scapegoat, he or she is often victimized repeatedly (Tower, 1996).

According to DePanfilis and Zuravin (2002), the number of children in the home and the age of the mother at the first child's birth plays a role in child maltreatment occurrences. A high number of children in a home can affect the relations within the family due to small and/or overcrowded living spaces or a lack of equal attention being paid to the children. In addition, the

mother's age affects in her maturity level, ability and experience of parenting, and understanding of the developmental milestones of the child. A family with an elevated level of stressors has a greater likelihood of multiple incidents of child maltreatment (DePanfilis & Zuravin, 1999).

Poverty

Welfare reform implemented by the 1996 Act, raised concerns among government child welfare officials. This was due to the fact that the security, provided to children and their families by Aide for Families and Dependent Children (AFDC), was being removed and replaced by a new program. Welfare reform restricted many families by placing an added amount of requirements and time limitations to the provision of welfare. Thus, the degree of poverty was heightened for many. This resulted in the parents' inability to efficiently parent children (Romero, Chavkin, & Wise, 2000).

Under Temporary Assistance to Needy Families (TANF) a family is limited in the amount of time that it may collect cash aide (Grogger, 2004). Some of the effects that the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) has had on the families is added stress. Stressors include cash aide

being time limited and having to work or participate in work related activities in order to continue eligibility for cash aide. If a family does not follow the strict guidelines of TANF, sanctions are placed on it. Sanctions may include termination of cash aide or a reduction of funds (Grogger, 2004).

One of the largest concerns for recipients was the fact that TANF would not give added monetary allowance for the birth of additional children (Romero, Chavkin, & Wise, 2000). Parents were also ordered to follow general guidelines that may or may not be as simple as some may think. Such expectations include identifying paternity of children, child support questionnaire fulfillment, school attendance, and immunization compliance.

According to Orr (1999, p. 50), "since welfare reform, TANF services have shifted from being a check delivery system for single mothers, to one aimed at helping mothers attain self sufficiency by entering the work force." Often times employment improves a family's self esteem and self image. This allows for the family to feel more in control and dignified. The child could benefit from the upward mobility of the family in several ways including adequate nutrition, supervision, and additional luxuries. On the contrary, when a parent that

is already experiencing high stress levels associated with parenting, adds the stress of working to their life, their parenting capabilities may deteriorate (Haider, Jacknowitz, & Schoeni, 2003).

Substitute care providers for the child may also cause added stressors for the family, such as emotional guilt. This emotional guilt could be related to having to leave the child for long periods of time during the day. A key component to a parent's success, while participating in a work program includes organization (Meyers, Heintze, & Wolf, 2002). The organization of a parent influences a parent's ability to carry out essential daily tasks, maintain order, and spend quality time with his or her child(ren).

Young (1999) developed the idea of taking economics into consideration when looking at child maltreatment risk factors. He noted that economics play a role in the maltreatment of children. One in six children in America live in poverty, and thousands of those children have experienced maltreatment (Pettit, 2000). Although poverty is a factor related to the risk of child maltreatment, many people over associate the two. Poverty is not a definite determinate of child maltreatment. However, being poor often times does contribute to a higher than average

level of parental stress. The stressors include childcare dilemmas such as lack of supervision, inadequate amounts of food, clothing, and medical care, lower tolerance levels for a child's misbehavior, and a lack of coping mechanisms related to the general stress of being a parent (Young, 1999).

Families that are living in poverty have a high risk of becoming involved with child protective services. Although some studies note the importance of acknowledging factors other than living in poverty when considering child maltreatment (Waldfoegel, 2004). Further research has taken into consideration that those families that are living in poverty may inherently maintain characteristics that are associated with risk factors for child protective service involvement (Slack, Holl, Lee, McDaniel, Altenbernd, & Stevens, 2003). These include parenting styles, substance abuse, mental illness, and low tolerance levels for recurrent child maltreatment.

Domestic Violence

According to Findlater and Kelly (1999, p. 84), incidents of domestic violence "...can have serious adverse effects on children who are exposed to it" and "studies show that between thirty and sixty percent of men who batter their female partners, also abuse their

children." With this in mind, domestic violence in the home places children at risk of being a victim.

The family conflict construct, described by DePanfilis and Zuravin (1999), is defined as the family's inability to maintain peace between family members. Domestic violence is a response to stress and frustration. There are particular family structures that can lead to violence, such as families with an unequal level of education or occupational prestige among the parents. In addition, religious differences can cause altercations between heads of households (Tower, 1996). Unwanted pregnancies and sudden unemployment can also cause stressful situations, which lead to violence (Gelles, 1987).

Domestic violence is detrimental to children in two specific ways. The first is that children are at risk for being maltreated time and time again, by getting caught in the middle of altercations among family members. Second, it is known that children who are exposed to domestic violence, most often learn the violent behavior (Jones, Gross, & Becker, 2002). The violence plants a seed of aggression in children that may mature into violence in the future (Tower, 1996). Children see the violence as a coping mechanism in their own life, as opposed to

employing alternative means of positive coping mechanisms. This is especially true with matters such as domestic violence between the heads of the household (DePanfilis & Zuravin, 1999). Among social workers this is commonly referred to as the cycle of violence.

Rates of Recurrence

It has been noted that 40% of the reports made to child protective service agencies have substantiated outcomes (Paxson & Waldfogel, 1999). According to the Center for Social Service Research at the University of California, Berkley, in the year 2003, the total number of children (ages 0-17) residing in California was 9,536,260. Of those children, 571,050 resided in San Bernardino County alone. San Bernardino County received 37,719 referrals for child maltreatment. Of those referrals, 6,091 had substantiated outcomes (Needell, Webster, Caccaro-Alamin, Armijo, Lee, & Lery, 2004c).

Situations arise where children are the innocent victims of their family's stress and or hardships. When families encounter multiple stressors, it may lead to adverse effects. From July 1, 2003 to June 30, 2004, the total number of children in the State of California with one or more substantiated report of child maltreatment was 91,958. In San Bernardino County, 5,210 children suffered

one or more act of child maltreatment (Needell, Webster, Caccaro-Alamin, Armijo, Lee, & Lery et al., 2004a). A study regarding child maltreatment, which was conducted in 1995 revealed that of the 304 children studied, 16.8% were the victim of more than one substantiated maltreatment incident (Fluke, Edwards, Bussey, Wells, & Johnson, 2001).

There is a higher recurrence rate among young children that are victims of maltreatment (Drake, Johnson-Reid, Way, & Chung, 2003). In the State of California, 12,797 children, under the age of one year old, had more than one substantiated incidents of child maltreatment. Twenty seven thousand, four hundred and fifty six children, ages one to five years old, 46,433 children, ages six to ten years old, and 4,718 children ages sixteen to seventeen experienced more than one incident of substantiated child maltreatment (Needell, Webster, Caccaro-Alamin, Armijo, Lee, & Lery et al., 2004b). As illustrated, there is a significant reason for concern among child protective service social workers to be responsive to the protection of children.

Summary

In conclusion, this chapter has provided an overview of important facts and previous research that has

identified various factors associated with child maltreatment and living in poverty. The theories that are relevant to child maltreatment have been identified and discussed. As illustrated, it is imperative to look at the various aspects of welfare reform and its impact on poor families. As a final point, previous research has shown that various aspects of a family may put them at risk of perpetuating multiple acts of child maltreatment.

CHAPTER THREE

METHODS

Introduction

The question that this research addressed was "What environmental factors correlate with recurrent child maltreatment?" The hypothesis of this study was that families where substance abuse, or mental illness, or a high number of children in the home, or there was a young mother, or incidents of domestic violence occurred, or poverty existed, would experience a higher rate of recurrent child maltreatment. This question was addressed by surveying case records. A secondary data was used in order to gain data on trends in recurrent child maltreatment. The sample was gathered from San Bernardino County's Child Protective Services database system. The independent variables, which were living in poverty, substance abuse, mental illness, the number of children in the home, the age of the mother at the time of the first child's birth, and domestic violence were tested for their association with the dependent variable, recurrence of child maltreatment.

Study Design

The study design that was used for this research project was a descriptive survey of case records. This design was chosen because it most effectively provided data on recurrent child maltreatment and the emerging concern, among child welfare officials, regarding current increasing trends in recurrent child maltreatment. A descriptive study provides data on the relationship between two or more variables. Descriptive research does not prove that the independent variable causes change in the dependent variable, but rather that they affect each other.

The data were a pre-extracted database from the Child Welfare Services/Case Management System (CWS/CMS), a secondary data set. This data set documented substantiated child maltreatment within San Bernardino County. The CWS/CMS database is a statewide system used throughout California. This system tracks client referrals, which are entered into the system at the time that the referral is created. The client's progress through child protective services is reported in this database.

Sampling

The sample frame that this study used was all of cases containing referrals reported to San Bernardino County between the dates January 1, 2004 through December 31, 2004. The cases with substantiated child maltreatment allegation(s) were then extracted. Simple random sampling was used in order to gain a representative sample of substantiated child maltreatment cases. The researchers extracted every one hundred and fifty eighth case to ensure a random sample. The cases were then divided into two categories, recurrent maltreatment and non-recurrent maltreatment. Recurrent child maltreatment was defined as cases of child maltreatment that contained two or more substantiated incidents. Non-recurrent child maltreatment was defined as cases of child maltreatment that contained one substantiated incident. Simple random sampling allowed 200 cases to be extracted. 100 cases were selected with recurrent maltreatment and 100 cases with non-recurrent maltreatment.

The sample size of 200 was chosen for two main reasons. Sudman (1983) suggests including at least 100 units in each category of the major categories of analysis. The major categories of analysis were living in poverty and not living in poverty. In addition, recurrent

child maltreatment and non-recurrent child maltreatment were categorized. In regard to the minor categories of analysis, Sudman states that there should be a minimum of 20-50 units per category. The minor categories of analysis include substance abuse, mental illness, the number of children in the home, the age of the mother at the time of the first child's birth, and domestic violence. The categories of analysis are illustrated as appendices (see Appendix).

The second reason for choosing this sample design was to provide a representative sample. This allowed the County of San Bernardino to gain sufficient insight and guidance in the current trends and factors related to recurrent child maltreatment.

Data Collection and Instruments

The data that was collected were substantiated child maltreatment cases from San Bernardino County's Child Protective Services. The instrument that was used was a data extraction protocol. The dependent variables of the study were recurrent child maltreatment and non-recurrent child maltreatment, which were measured at a nominal level. Child maltreatment was defined as substantiated abuse of a person under the age of 18 years old, which

consists of sexual, physical, emotional, and or neglect, as determined by San Bernardino County's Child Protective Services. Recurrence was defined as two or more incidents of child maltreatment. Non-recurrence was defined as one incident of child maltreatment. Substantiation was defined as allegations of maltreatment that were investigated and determined to be true.

One independent variable was poverty. Poverty was defined as being reliant on Temporary Assistance to Needy Families (TANF) or being unemployed. This independent variable was measured at the nominal level. Data was gathered on the following other independent variables: substance abuse, mental illness, the number of children in the home, the age of the mother at the time of the first child's birth, and domestic violence. All of these independent variables were measured at the nominal level, except for the age of the mother at the time of the first child's birth and the number of children in the home, which were measured at the ratio level. Substance abuse was defined as the action of consuming or possessing a controlled substance. Mental illness was defined as a person with psychological deficiencies, which affect their daily thinking. Domestic violence was defined as physical, verbal, or mental abuse that is inflicted among partners.

The limitation of secondary data extraction is that the researchers do not have control over the type of data collected, it's quality or it's quantity. When information regarding a specific case is entered into the system, it is entered in narrative form. In order to obtain the data for this study the researchers had to navigate through several pages of information to determine the existence of specific factors.

The strength of this data source is the CWS/CMS system. This database is updated with information that can be accessed at all times, even in the field through lap top computers by social workers. In addition, the County provides the social workers with an extensive protocol and frequent training programs on this system. The social workers are trained on how to properly enter information into the system.

Procedures

There was no solicitation for participation to clients for this study. Secondary data extraction of San Bernardino County's Child Protective Services case records was used to gather the data, which are stored in the CWS/CMS database system. The data that was received had the identifiers removed. The data was stored on a disk.

The disk was secured in a locked area at all times. At the time that the data analysis was complete the disk was appropriately destroyed.

Protection of Human Subjects

In order to gain access to this data, a letter to San Bernardino County was submitted requesting the data. San Bernardino County Child Protective Services issued the researchers a consent letter. The time frame for submitting the letter and gaining approval was approximately 30 days.

Direct questioning or personal interaction with the clients was not utilized. In order to protect the clients' anonymity no identifying information was disclosed. The case records contained case numbers, as opposed to case names.

Data Analysis

Univariate

The variables were analyzed first by identifying the frequency distributions. The variables, recurrent child maltreatment and substance abuse, mental illness, the number of children in the home, the age of the mother at the time of the first child's birth, domestic violence, and living in poverty were analyzed.

Bivariate

Bivariate analysis was used to explore the association between the dependent variable and the independent variables. Among the bivariate tests a *t* test was used to analyze the relationship between the number of children in the home and recurrent child maltreatment and the mother's age at the time of the first child's birth and recurrent child maltreatment. The *t* test was used for bivariate analysis that consisted of one interval and one nominal variable. A chi-square was employed to analyze the relationship between poverty, domestic violence, substance abuse, mental illness and recurrent child maltreatment. The bivariate analysis of chi-square included two nominal variables.

Summary

As noted, the descriptive study design was chosen to describe the relationship between the variables. The sampling frame allowed current trends in recurrent child maltreatment to be revealed. This was possible through surveying actual case records that were used as data. The clients were not contacted to participate; instead their case files were examined. This allowed for the protection of human subjects due to the anonymity of the disclosed

data. By using bivariate and univariate analysis, the data were utilized to test the hypothesis.

CHAPTER FOUR

RESULTS

Introduction

Included in Chapter Four is a presentation of the outcome of this study. The findings give information regarding the frequencies of the nominal variables that were tested against one another and the results of the tests that were conducted. For the tests with one interval and one nominal variable, a summary of the significant relationships is given, in addition to the results of the tests that were conducted. The variables substance abuse, mental illness, the number of the children in the home, the age of the mother at the time of the first child's birth, domestic violence and living in poverty were cross tabulated with recurrent child maltreatment. There was one significant relationship, which was between recurrent child maltreatment and living in poverty.

Presentation of the Findings

This sample was 200 cases. Within the 200 cases, there were 100 cases with recurrent child maltreatment and 100 cases with non-recurrent child maltreatment. The dependent variable was recurrent child maltreatment. The independent variables were poverty, substance abuse,

mental illness, the number of children in the home, the age of the mother at the time of the first child's birth, and domestic violence. Each of the independent variables were individually tested against the dependent variable. Table 1 illustrates the findings from the chi-square tests of poverty, substance abuse, mental illness, and domestic violence and recurrent child maltreatment. Table 2 illustrates the findings from the t-test of the number of children in the home and the recurrence of child maltreatment and the findings from the t-test of the age of the mother at the time of the first child's birth and the recurrence of child maltreatment.

Table 1. Chi-Square Testing Relationships Between
Recurrence of Child Maltreatment and Poverty, Substance
Abuse, Mental Illness, and Domestic Violence

	Recurrent Child Maltreatment		Value	Degrees of Freedom	Sig.
	No	Yes			
Poverty			9.742	1	.001
No	57	43			
Yes	35	65			
Substance Abuse			.509	1	.284
No	59	41			
Yes	54	46			
Mental Illness			1.006	2	.605
No	91	9			
Yes	90	9			
Domestic Violence			.212	1	.379
No	71	29			
Yes	68	32			

A chi-square test was conducted to test the significance of the relationship between the independent variable of poverty and the dependent variable of child maltreatment. There were 57 cases with non-recurrent child maltreatment and those that were not living in poverty. There were 35 cases that had recurrent child maltreatment and those that were not living in poverty. There were 43 cases with non-recurrent child maltreatment and those that were living in poverty. There were 65 cases that had recurrent child maltreatment and those that were living in

poverty. For this test the value was 9.742, the degrees of freedom was 1 and the significance was .001.

A chi-square test was also conducted to test the significance of the relationship between the independent variable of substance abuse and the dependent variable of child maltreatment. There were 59 cases that with non-recurrent child maltreatment and that did not abuse substances. There were 54 cases that had recurrent child maltreatment and that did not abuse substances. There were 41 cases with non-recurrent child maltreatment and did have substance abuse. There were 46 cases with recurrent child maltreatment and did have substance abuse. For this test the value was .509, the degrees of freedom was 1 and the significance was .284.

A chi-square test was also conducted to test the significance of the relationship between the independent variable of mental illness and the dependent variable of child maltreatment. There were 91 cases with non-recurrent child maltreatment and that did not have mental illness. There were 90 cases that had recurrent child maltreatment and that did not have mental illness. There were 9 cases with non-recurrent child maltreatment and that had mental illness. There were 9 cases that had recurrent child maltreatment and that had mental illness. Since there were

only 18 cases with the presence of mental illness, this variable is not significant to recurrent child maltreatment.

A chi-square test was conducted to test the significance of the relationship between the independent variable of domestic violence and the dependent variable of child maltreatment. There were 71 cases with non-recurrent child maltreatment and that did not have domestic violence. There were 68 cases with recurrent child maltreatment and that did not have domestic violence. There were 29 cases with non-recurrent child maltreatment and had domestic violence. There were 32 cases with recurrent child maltreatment and had domestic violence. For this test the value was .212, the degrees of freedom was 1 and the significance was .379.

Table 2. t-Test of Relationships Between Recurrence of Child Maltreatment and the Number of Children in the Home and the Age of the Mother at the Time of the First Child's Birth

	Mean Recurrence Yes		Standard Deviation Recurrence		F	Sig.
	Yes	No	Yes	No		
Number of Children in the Home	2.33	2.33	1.26375	1.27964	.004	.949
Age of Mother	22.37	22.49	5.70425	.52221	.162	.688

A t-test test was conducted to test the significance of the relationship between the independent variable of number of children in the home, and the dependent variable of child maltreatment. The number of children in the home ranged from 1 to 7. 61 cases had 1 child, 63 cases had 2 children, 45 cases had 3 children, 16 cases had 4 children, 11 cases had 5 children, 3 cases had 6 children, and 1 case had 7 children living in the home. For this test the mean for the recurrence and non-recurrence of child maltreatment was 2.33. The standard deviation for recurrent child maltreatment was 1.26375 and the standard deviation for non-recurrent child maltreatment was 1.27964, the F was .004, and the significance was .949.

A t-test test was conducted to test the significance of the relationship between the independent variable the mother's age at the time of the first child's birth and the dependent variable of child maltreatment. The age of the mother at the time of the first child's birth ranged from 13 to 46. The age 19 had the highest frequency, which was 29 cases. The age 20 had the next highest frequency, which was 20 cases. The age of 46 had 1 case and the age of 13 had 1 case. For this test recurrent child maltreatment had a mean of 22.37. Non-recurrent child maltreatment had a mean of 22.49. The standard deviation for recurrent child maltreatment was 5.70425 and the standard deviation for non-recurrent child maltreatment was 5.5221, the F was .162, and the significance was .688.

Summary

Chapter Four reported the results of this research. A total of 200 cases were studied for child maltreatment. There was only one independent variable that was significant to the dependent variable. According to the findings, poverty is a significant variable when looking at recurrent child maltreatment.

CHAPTER FIVE

DISCUSSION

Introduction

This research project found that out of the variables that were analyzed, poverty was the only significant variable related to the recurrence of child maltreatment. Recommendations are made for social work policy, practice, and future research related to the recurrence of child maltreatment. The researchers also identified the limitations of this study.

Discussion

This study analyzed factors that were presented in previous literature as significant correlates of child maltreatment. These factors were substance abuse, mental illness, the number of children in the home, the age of the mother at the time of the first child's birth, domestic violence and living in poverty. The results showed that poverty played a significant role in the recurrence of child maltreatment, for this population. However, substance abuse, mental illness, the number of children in the home, the age of the mother at the time of the first child's birth, and domestic violence did not

play a significant role in the recurrence of child maltreatment.

With poverty being the only factor that played a significant role in recurrent child maltreatment, there is question in regard to the types of interventions that are offered to the clients of child protective service agencies. Child protective service agencies offer interventions that address environmental factors of child maltreatment such as substance abuse, mental illness, domestic violence, and parenting. Poverty is not addressed in the interventions of child protective service agencies. So the question is raised, why don't child protective service agencies assist family members obtain employment?

Recommendations for Social Work Policy, Practice and Research

This research has shown that poverty plays a significant role in the lives of families that sustain multiple incidents of child maltreatment in San Bernardino County. This may be the result of the growth that the region is experiencing. San Bernardino County encompasses the largest amount of land in the State of California and at one time the majority of the County was rural. In recent years the population of San Bernardino County has grown. Industries in the area are also growing, but not at

the rapid rate that the population is. Until the industries create sufficient economic resources, it will be an impoverished County for many of its residents. In social work policy, it is recommended that interventions be implemented which permits families that are impoverished, to attain sufficient services. Such interventions may include completion of a high school education, vocational training, or trade schooling.

It is further recommended that in direct practice, child protective service social workers engage their clients in the creation of the client's case plan. Each family has in-depth knowledge of their needs. They are ultimately the experts of their situation, which caused them to become a client of child protective services. If a client is offered services, which will provide them with educational and/or occupational advancement, their involvement with child protective services may be reduced.

Future studies of recurrent child maltreatment could use personal interviews of child protective service agency clients, rather than secondary data analysis. In addition, a more in-depth study should be conducted in order to gain a better understanding of recurrent child maltreatment. This could happen through various approaches.

One approach could look at additional environmental factors that are related to recurrent child maltreatment, such as single parent families or the communities in which the clients reside. A study of single parent families with recurrent child maltreatment may reveal characteristics that are unique to these types of families. Single parent families may reveal a need for additional interventions that provide them with sufficient resources. Also, if the communities where there is an elevated rate of recurrent child maltreatment is studied, specific characteristics of the communities may be revealed. For example, larger urban communities tend to have a greater amount and types of available resources for interventions in cases of child maltreatment.

Another approach could be to distinguish the various types of maltreatment that occur, such as neglect, physical, sexual, and emotional abuse. A breakdown of the type of recurrent abuse that occurs could indicate distinctive environmental factors related to the type of abuse. For example, a study of the recurrence of neglect could indicate a distinctive environmental factor that is common in the majority of the cases that contain neglect.

Last, an approach that makes use of numerous multi-variate analysis may assist in identifying the

complex issues of families that have recurrent child maltreatment. A study that analyses the relationship among variables such as recurrent child maltreatment, substance abuse, and domestic violence may reveal a significant relationship among the variables.

Limitations

For this research there were a couple of limitations. The first limitation was the size of the sample that was analyzed. A larger sample could have produced results that were more representative of the population that was studied. In addition, other factors related to recurrent child maltreatment could have been analyzed. The allotted time that the researchers were given to complete the research did not allow a larger sample to be collected. If more time had been allowed, a larger sample could have been extracted and studied.

Another limitation of this study was the way in which the database was setup. The data is entered into CWS/CMS for purposes of case management, rather than research. The CWS/CMS system is excellent for keeping record of families, large volumes of information, and accessibility to social workers. However, it is not conducive for research. The researchers had to navigate through multiple

narratives of every case. By analyzing the narratives, the researchers were then able to identify whether or not each of the variables that were studied were present.

Conclusions

This study focused on the environmental factors of families, which puts them at risk for the recurrence of child maltreatment. It has been illustrated that poverty plays a significant role in the well-being of children. This is not to say that because one is poor they will maltreat their children. Rather, the researchers indicate that those families that are poor often have needs that are not met, due to their financial deficits.

In addition, this study revealed that the recurrence of child maltreatment is a multi-faceted issue. The factors that are related to recurrent child maltreatment are not autonomous contributors. Child protective service social workers need to have in-depth knowledge that allows them to recognize the presenting issues of families, which puts them at risk for the recurrence of child maltreatment.

APPENDIX
SAMPLE SIZE

Major Categories of Analysis

	Recurrent Child Maltreatment	Non-Recurrent Child Maltreatment
Living in Poverty	50	50
Not Living in Poverty	50	50

Minor Categories of Analysis:
Living in Poverty

	Recurrent Child Maltreatment	Non-Recurrent Child Maltreatment
Substance Abuse	25	25
No Substance Abuse	25	25

Minor Categories of Analysis:
Not Living in Poverty

	Recurrent Child Maltreatment	Non-Recurrent Child Maltreatment
Substance Abuse	25	25
No Substance Abuse	25	25

REFERENCES

- Brassard, M., Germain, R., & Hart, S. (1987). *Psychological maltreatment of children and youth*. Elmsford, NY : Pergamon Press.
- Chestang, L. (1976). Environmental influences on social functioning: The black experience. *Implications for Social Policy*. NASW.
- DePanfilis, D., & Zuravin, S. (1999). Predicting child maltreatment recurrences during treatment. *Child Abuse and Neglect*, 23(8), 729-743.
- DePanfilis, D., & Zuravin, S. (2002). The effect of services on the recurrence of child maltreatment. *Child Abuse and Neglect*, 26(2), 187-205.
- Drake, B., Johnson-Reid, M., Way, I., & Chung, S. (2003). Substantiation and recidivism. *Child Maltreatment*, 8(4), 248-260.
- Edwards, L. P. (2002). *California juvenile laws and rules*. Eagan, MN: West Group.
- Findlater, J. E., & Kelly, S. (1999). Child protective services and domestic violence. *Domestic Violence and Children*, 9(3), 84-96.
- Fluke, J., Edwards, M., Bussey, M., Wells, S., & Johnson, W. (2001). Reducing recurrence in child protective services: Impact of a targeted safety protocol. *Child Maltreatment*, 6(3), 207-218.
- Gelles, J. R. (1987). *The violent home*. Beverly Hills, CA: Sage Publications, Inc.
- Grogger, J. (2004). Time limits and welfare use. *Journal of Human Resources*, 39(2), 405-424.
- Haider, S. J., Jacknowitz, A, & Schoeni, R. E. (2003). Welfare work requirements and the child well-being: Evidence from the effects on breast feeding. *Demography*, 40(3), 479-497.

- Hollenbeck, K. (2001). Between a rock and a hard place: Child abuse registries at the intersection of child protection, due process, and equal protection. *Texas Journal of Women and Law*, 11(1), 2-50.
- Jones, L. P., Gross, E., & Becker, I. (2002). Characteristics of domestic violence victims in a child protective service caseload. *Families in Society*, 83(4), 405-415.
- Kopels, S., Taliah, C. & Wells, S. J. (2003). Investigation laws and practices in child protective services. *Child Welfare*, LXXXII(6), 661-684.
- Martin, Y. P. & O'Connor, G. G. (1989). *The social environment: Open systems applications*. White Plains, NY: Longman.
- Meyers, M. K., Heintze, T., & Wolf, D. A. (2002). Child care subsidies and employment of welfare recipients. *Demography*, 39(1), 167-179.
- Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J., & Kim, H. (2004a). *Child Welfare Services Reports for California*. Retrieved April 17, 2005, from University of California at Berkley Center for Social Services Research URL: http://cssr.berkley.edu/CWSCMSreports/referrals/data/RFR_JUN2004_s.html
- Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J., & Kim, H. (2004b). *Child Welfare Services Reports for California*. Retrieved April 17, 2005, from University of California at Berkley Center for Social Services Research URL: http://cssr.berkley.edu/CWSCMSreports/referrals/data/RFR_A_jun2004_0_p.html

- Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J., & Kim, H. (2004c). *Child Welfare Services Reports for California*. Retrieved April 17, 2005, from University of California at Berkley Center for Social Services Research URL: http://cssr.berkley.edu/CWSCMSreports/referrals/data/RFR_RS_2003_0_p.html
- O'Hagan, K. (1993). *Emotional and psychological abuse of children*. Toronto, Canada: University of Toronto Press.
- O'Hagan, K. (1999). Culture, cultural identity, and cultural sensativity in child and family social work. *Child and Family Social Work*, 4(3), 269-281.
- Orr, S. (1999). Child protection at the crossroads: child abuse, child protection, and recommendations for reform. *Reason Public Policy Institute*, 262(1), 1-34.
- Paxson, C., & Waldfogel, J. (1999). Parental resources and child abuse and neglect. *The American Economic Review*, 89(2), 239-244.
- Payne, M. (1991). *Modern social work theory: A critical introduction*. Chicago: Lyceum Books, Inc.
- Pettit, B. (2000). Children who could have been: The legacy of child welfare in wealthy America. *Contemporary*, 29(5), 716-727.
- Pradhan, N. S. (1977). *Drug abuse: Clinical and basic aspects*. St. Louis, MO: Mosby Co.
- Reinjneveld, S., Van der Wal, M., Brugman, E., Hira Sing, R., & Verloove-Vanhorick, S. (2004). Infant crying and abuse. *The Lancet*, 364(9442), 1340-1343.
- Romero, D., Chavkin, W., & Wise, P. (2000). The impact of welfare reform policies on child protective services: A national study. *Journal of Social Issues*, 56(4), 799-810.
- Royce, E. J. & Scratchley, D. (1996). *Alchololism and other drug problems*. New York: The Free Press.

- Slack, K., Holl, J., Lee, B., McDaniel, M., Altenbernd, L., & Stevens, A. (2003). Child protection intervention in the context of welfare reform: The effects of work and welfare on maltreatment reports. *Journal of Policy Analysis and Management*, 22(4), 517-536.
- Sudman, S. (1983). Applied sampling. In P. H. Rossi, J. D. Wright, & A. B. Anderson (Eds.), *Handbook of survey research* (pp. 145-195). Orlando, FL: Academic Press.
- Sun, A. (2000). Helping substance abusing mothers in the child welfare system: Turning crisis into opportunity. *Families in Society*, 81(2), 289-315.
- Tower, C. C. (1996). *Child abuse and neglect*. Needham Heights, MA: Allyn & Bacon.
- United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (n.d.). *The NSDUH report: Substance use among adults, 2002-2003 Update*. Retrieved April 15, 2005, from <http://www.oas.samhsa.gov/nhsda/2k3msduh/2k3results.htm#ch2>
- Waldfogel, J. (2004). Welfare reform and the child welfare system. *Children and Youth Services Review*, 26(10), 919-939.
- Young, M. (1999). Understanding abusive families: An ecological approach to theory and practice. *Journal of Marriage and the Family*, 61(2), 545-556.

ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Assigned Leader: Mary Hickey

Assisted By: Karen Smithson

2. Data Entry and Analysis:

Assigned Leader: Karen Smithson

Assisted By: Mary Hickey

3. Writing Report and Presentation of Findings:

- a. Introduction and Literature:

Assigned Leader: Mary Hickey

Assisted By: Karen Smithson

- b. Methods:

Assigned Leader: Karen Smithson

Assisted By: Mary Hickey

- c. Results:

Assigned Leader: Mary Hickey

Assisted By: Karen Smithson

- d. Discussion:

Assigned Leader: Karen Smithson

Assisted By: Mary Hickey